



The Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Prescription Monitoring Program
250 Washington Street, Boston, MA 02108-4619
Phone: 617-753-7310 Fax: 617-973-0985 Email: mapmp.dph@mass.gov

**Personal Data Request Form
Prescription Monitoring Program (PMP)**

Instructions for completing form:

- All sections must be completed below. Incomplete Data Request Forms will not be processed.
- Request form must be signed and dated.
- A photocopy of your picture ID is required.
- Along with a copy of your picture ID, completed form must be faxed to 617-973-0985 or mailed to the Massachusetts Prescription Monitoring Program, 250 Washington Street, 3rd floor, Boston, MA 02108-4619.
Please do not email.

Section I

Request Date:		Date of Birth:	
First Name:			
Last Name:			
Street Address:			
City/Town:		State:	Zip Code:
Contact Phone:		Email Address:	

Section II

Please select the type of PMP data you are requesting and date range below:

<input type="checkbox"/> Your prescription history	Dates:	From		to	
<input type="checkbox"/> Who searched your prescription records	Dates:	From		to	

How do you want the Department to return your requested information?

- ☐ Electronically sent via secure file transfer to email address
Section I (preferred) ☐ Mailed to the address in Section I

Your Signature _____ **Date** _____

Please see here for more information on the Massachusetts PMP: <https://www.mass.gov/orgs/prescription-monitoring-program>.